



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

DISASTER RELIEF CHILD CARE CENTER TEMPORARY PROVISIONAL LICENSE APPLICATION

Dear Applicant:

The following is information regarding application for Temporary Provisional child care center.

Please complete and return both the Individual Application and the Facility Application to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
P.O. Box 30664
Lansing, MI 48909-8164

Or

Email to BCALLicensingUnit@michigan.gov

Please make and keep copies of the applications that you send to the Bureau of Community and Health Systems.

The licensing consultant will review the following required documents on site: ICHAT for all staff; PSOR for all staff; infant/child/adult CPR certification cards for required persons; and First Aid card for required persons.

For additional information, please contact the Licensing Unit at (517) 284-9738 or toll free at (866) 685-0006.

Thank you.

TEMPORARY PROVISIONAL LICENSE APPLICATION - INDIVIDUAL

☐ CENTER

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

▼ BCHS USE ONLY	► Application is:
<input type="checkbox"/> Temporary Provisional	

COMPLETE FOR ALL APPLICANTS

If Individual , Applicant Name (Last, First, Middle)/If Entity , Corporate Name or Sponsoring Organization Name			Social Security Number or Federal ID Number		
Main Contact Name (Last, First, Middle), If Applicable			Social Security Number		
Address (Street Number and Name)			Telephone Number ()	County	
City	State	Zip Code	E-mail Address		
Have You Been Previously Licensed To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____					
Are You Currently Licensed To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____					
Have You Applied For Any Other License To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have You, Or Has Any Person That Will Be Assisting In The Care Of Children Or Living In The Child Care Home: • Been Convicted of an Offense Other Than A Minor Traffic Violation? <input type="checkbox"/> No <input type="checkbox"/> Yes • A History Of Substantiated Abuse Or Neglect Of Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes					

Check boxes to confirm statements have been read: <input type="checkbox"/> I have reviewed the Governor's Executive Order 2020-16.	<input type="checkbox"/> I certify that I will notify the Department if I or any person caring for children has been arraigned for an offense specified in MCL 722.115r, MCL 722.115n or has a history of substantiated child abuse or neglect. <input type="checkbox"/> I certify that any information I give in respect to the Department's investigation will be, to the best of my ability, true and correct. <input type="checkbox"/> I give permission to the Michigan Department of Licensing and Regulatory Affairs to contact persons, including those I give as references, in order to determine if I am in compliance with the Act and the Rules.
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COMPLETE FOR CHILD CARE CENTER ONLY

Facility Name			Corporate Name/Sponsoring Organization Name, if applicable		
Address (Street Number and Name)			Address (Street Number and Name)		
City	State	Zip Code	City	State	Zip Code
Telephone Number ()	County		Telephone Number ()	County	
Applicant's E-mail Address			Sponsoring Organization's E-mail Address		

Auspices Status				Send Mail To <input type="checkbox"/> Facility <input type="checkbox"/> Licensee	Corporate Status (Check One) <input type="checkbox"/> None <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
Governmental (Check One)	<input type="checkbox"/> Local Government <input type="checkbox"/> County Government	<input type="checkbox"/> State Government <input type="checkbox"/> Community College	<input type="checkbox"/> State College/University <input type="checkbox"/> Public School		
Non-Governmental (Check All That Apply)	<input type="checkbox"/> Church <input type="checkbox"/> Privately Owned	<input type="checkbox"/> Parent Cooperative <input type="checkbox"/> Employee Sponsors	<input type="checkbox"/> Private Funded Comm. Org. <input type="checkbox"/> Private School/College		

Applicant/Representative Signature (If Corporation, Must Be Signed By Authorized Person.)	Title	Date
LARA is an equal opportunity employer/program.		AUTHORITY: Executive Order 2020-16

**TEMPORARY PROVISIONAL LICENSE
APPLICATION - FACILITY**

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

☐ **TEMPORARY PROVISIONAL LICENSE**

SECTION I APPLICANT AND FACILITY INFORMATION:

Applicant Name (Last, First, Middle)		Birthdate	Soc Sec or FED ID Number	Phone Number	
Co-applicant Name (If joint)		Birthdate	Soc Sec or FED ID Number	Phone Number	
Address (Street Number & Name)		City		State MI	Zip Code
Name of Adult Who Will Assist in an Emergency		Telephone ()		Age	
Address (Street Number & Name)		City		State MI	Zip Code
Assistant Caregiver, If Any		Age	Assistant Caregiver, If Any		Age
Water Type: (check one) <input type="checkbox"/> Well <input type="checkbox"/> Public		Sewer Type: (check one) <input type="checkbox"/> Septic <input type="checkbox"/> Public		Water Heater (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Heat Type: (check all that apply) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler		Year Center was Built:			
Have you been previously or are you presently licensed for children or adults? <input type="checkbox"/> No <input type="checkbox"/> Yes (License No.) ▶		Have you applied for any other license to care for children or adults? <input type="checkbox"/> No <input type="checkbox"/> Yes (License No.) ▶			
Number of children for whom you wish to be licensed.		Who will provide food?			
		Basement <input type="checkbox"/> No <input type="checkbox"/> Yes		Days and Time of Operation (indicate a.m./p.m.):	
Where will children sleep/nap? Describe sleeping arrangements.		Sunday		From:	To:
		Monday		From:	To:
		Tuesday		From:	To:
		Wednesday		From:	To:
		Thursday		From:	To:
		Friday		From:	To:
Directions to Center (Indicate Nearest Intersection).		Saturday		From:	To:

SECTION II – PROGRAM AND TRAINING INFORMATION

What will the children do during the day? Describe planned daily activities including provisions for outdoor play. List toys/materials – attach a separate sheet, if necessary. _____			
Training (Check all that apply)		Name of Training Agency	
<input type="checkbox"/> Have Completed:	<input type="checkbox"/> Infant & Child CPR	<input type="checkbox"/> Adult CPR	Date Card Received
	<input type="checkbox"/> Adult CPR		
	<input type="checkbox"/> First Aid Training		
<input type="checkbox"/> Have Not Completed:	<input type="checkbox"/> Infant & Child CPR	<input type="checkbox"/> Adult CPR	<input type="checkbox"/> First Aid Training
Applicant/Licensee Signature		Co-Applicant/Licensee Signature	
Date		Date	
Authority: Executive Order 2020-16		LARA is an equal opportunity employer/program.	